

Department of Vermont Health Access
Pharmacy Benefit Management Program
DUR Board Meeting Minutes
January 19, 2016

Board Members:

Present:

Zail Berry, MD
Janet Farina, RPh

Louise Rosales, NP
Michael Biddle, PharmD

James Marmar, RPh
Patrica King, MD

Absent:

Clayton English, PharmD

Staff:

Jacquelyn Hedlund, MD,
GHS/Change HealthCare
Jeff Barkin, MD, GHS/Change
HealthCare

Mary Beth Bizzari, RPh, DVHA
Jennifer Egelhof, DVHA

Jason Pope, DVHA
Laurie Pedlar, RPh, GHS/Change
HealthCare
Scott Strenio, MD, DVHA

Guests:

Mario Carnovale, Novartis
Kristen Bruno-Doherty,
AstraZeneca
Adam Denman, GSK
Susan Donnelly, Pfizer
Maggie Glassman, Alkermes
Thomas Algozzine, Norvartis

James Hayes, Abbvie
Darren Keegan, Allergan
Brad Martin, Lundbeck
Hannah Parker, AstraZeneca
James Kokoszyna, Allergan
Kevin Kobylinski, Astellas
John Meyer, Otsuka

Wendy Pollinger, Eli Lilly
Patricia Toland, Eli Lilly
Laura Bartels, Otsuka
Todd Piver, Colgene
John Belvisu, Boehringer
Ingelheim

1. Executive Session:

- An executive session was held from 6:00 p.m. until 6:36 p.m.

2. Introductions and Approval of DUR Board Minutes:

- Introductions were made around the table.
- The December meeting minutes were accepted as printed.

3. DVHA Pharmacy Administration Updates: MaryBeth Bizzari, RPh, DVHA

- Michael Biddle, PharmD is resigning from the DUR board. February will be his last board meeting.
- DVHA is looking for more board members. There is no additional information at this time.

4. Medical Director Update: Scott Strenio, MD, DVHA

- DVHA checked with top prescribers of testosterone that were not getting levels done on their patients. It was determined that these prescribers are treating the transgender population and are not treating to a certain level.
- More follow up is coming.

5. Follow-up Items from Previous Meetings: Laurie Pedlar, RPH GHS/Change Healthcare and Jeff Barkin, MD GHS/Change Healthcare

a) Proposed Benzodiazepine “Z-drugs” quantity limits:

- A basic analysis of paid non-reversed pharmacy claims was done to look at how many claims in 2015 came through for Z drugs and what the average days supply was for such claims.
- There were several thousand claims, of which immediate release Zolpidem 10mg was the most common.
- Overall the trend showed an average of 28 – 30 days supply dispensed and indicates daily chronic use of these medications.
- When these drugs initially came out, their indication was for a 7 – 10 day time frame, and chronic intermittent use for 2 – 3 times per week was accepted as the standard of care.

Recommendation: The recommendation is to grandfather existing users. Quantity limits of 14 tablets per 34 days was suggested for new users. Criteria for use beyond 14 days should include a trial of cognitive behavioral therapy (CBT). There should be screening for depression and some clinical evaluation within the last 6 months documenting that medical causes have been considered and excluded. Criteria would be needed to determine how a decision would be made as to whether or not someone is appropriate for daily use as opposed to intermittent use.

Board Decision: Due to limited availability to CBT in the area, long wait times for referrals to specialty sleep centers, and the volume of patients affected, the board decided to hold off on Z-drug limits at this time. More education is needed for both patients and providers before anything drastic is done.

Dr. Strenio will check to see what other states have been doing in this regard and look for data/literature on CBT training for insomnia.

b) Advair Diskus Criteria

- At the last meeting the vote was to move Advair Diskus to non-preferred.
- Current users as of the first of the year would be allowed a 90 day grace period.
- Advair Diskus will be approved for patients with asthma or COPD who have difficulty using MDIs due to lack of hand-breath coordination AND/OR have a history or develop thrush with MDI formulations of inhaled corticosteroids AND/OR are 4 – 11 years old.
- Grace period was designed based on the number of refills the patient had remaining. If the Rx did not have any refills left, the claim would be rejected. The call center is allowing overrides in these cases.
- The board stated their intention was to grandfather all existing users regardless of the number of refills remaining. GHS agreed to look into this further.

Recommendation: The recommendation is to accept the above clinical criteria.

Board Decision: The Board unanimously approved the above recommendation.

c) Updated GI Agents Criteria - Dicyclomine

- Dicyclomine is a preferred product and will remain preferred, however it was not actually listed on the PDL (online or printed).
- This has been added to the class: Gastrointestinal Agents – Constipation/Diarrhea: Irritable Bowel Syndrome-Constipation, Short Bowel Syndrome in the preferred section with no associated clinical criteria.

Recommendation: The recommendation is to accept the above clinical criteria.

Board Decision: The Board unanimously approved the above recommendation.

6. RetroDUR/DUR: Jeff Barkin, MD GHS/Change Healthcare

a) 2016 RetroDUR Initiatives

- **Valproic Acid in Women of Child-Bearing Age:**

- There are several anti-convulsant medications available. Of these, valproic acid has teratogenic properties and can contribute to a decreased IQ in the offspring, whereas no other anti-convulsants have this effect.
- Valproic acid is a highly utilized medication which can be used for bipolar disorder and migraine prophylaxis in addition to seizures.
- If a patient doesn't have epilepsy and is using valproic acid for another indication, there are numerous other medications that could be used which are not teratogenic.
- We want to be able to identify women of child-bearing age who have no concurrent claims for birth control (medical and/or pharmacy claims).
- GHS will review all paid non-reversed pharmacy claims in women aged 15 – 52 and exclude those that have a diagnosis of tubal ligation in their medical claims history.
- GHS will look for the number of those women on any form of valproic acid and provide the number who have a diagnosis of any seizure disorder and the number who do not. For each of these groups, the number of members with concurrent claims for birth control will also be reviewed.
- Due to the fact that this will require analysis of medical claims, the data for this initiative will be presented 2 meetings out.

Recommendation: TBD once data analysis is complete.

Board Action: The board asked that GHS include the number of prescribers per patient who are prescribing Valproic Acid be included in the analysis.

7. Clinical Update: Drug Reviews: Laurie Pedlar, RPH GHS/Change Healthcare and Jeff Barkin, MD GHS/Change Healthcare

Abbreviated New Drug Reviews:

a) Harvoni®Tab (ledipasvir &sofosbuvir combination)

- Ledipasvir, an active ingredient of Harvoni®, is an HCV NS5A inhibitor while sofosbuvir, another active ingredient of Harvoni®, is a nucleotide analog inhibitor of HCV NS5B polymerase. This has become the go to drug for hepatitis C genotype 1, 4, 5 or 6 in adults with or without HIV co-infection, in part due to an extremely easy regimen of one tablet taken once a day. There have been cases of symptomatic bradycardia associated with use, therefore it is contra-indicated with certain anti-arrhythmics such as amiodarone. There have been a large number of clinical trials that establish the efficacy and general safety of Harvoni® in Hep C with the genotypes listed above. This includes patients with and without cirrhosis as well as both treatment experienced and treatment naïve patients. The regimens range from 12 to 24 weeks. The three trials with good

sample sizes and randomized design established high cure rates. Cure is defined as 12 weeks of sustained viral response of 90 – 99%. In patients with cirrhosis, the cure rates were 94 – 100% and those without cirrhosis had a cure rate of 99% across the studies. ION-3 study established efficacy with only 8 weeks of treatment. When Harvoni® was combined with Ribavirin for 8 weeks, the cure rate was 93%. Without ribavirin, the regimen was given for 12 weeks, and a comparable cure rate of 95% was noted. This is important from a cost perspective because decreasing the duration of Harvoni® use when clinically appropriate is cost effective. Harvoni® has high cure rates in patients with and without cirrhosis. What distinguishes Harvoni® is that it can be used in treatment experienced and treatment naïve patients with and without cirrhosis and get reasonable cure rates in the 95% range.

Recommendation: The recommendation is for Harvoni® to remain preferred on the PDL with clinical conditions.

Clinical Criteria:

- Hep C PA form must be completed and clinical documentation supplied. All requests will be reviewed on a case basis by the DVHA Medical Director. Combination therapy will be either approved or denied in its entirety.
- Member must have Metavir fibrosis score of 3 or 4.
- Prescriber must be a hepatologist, gastroenterologist or infectious disease specialist.
- See PA form for detailed requirements and for documentation required.

Public Comment: No public comment.

Board Decision: The Board unanimously approved the above recommendation.

b) Technivie®Tab (ombitasvir/paritaprevir/ritonavir)

- Technivie® is similar to Viekira® Pak. There are two direct acting antivirals within Technivie®, ombitasvir and paritaprevir. Ritonavir, the third component of Technivie®, is a CYP 3A4 inhibitor, which boost levels of the direct acting antivirals. Technivie® is used in genotype 4 and cannot be used in patients with severe liver disease or with moderate to severe decompensated liver patients because of reported fatalities and need for liver transplants. Technivie® is effective in genotype 4 in both treatment experienced and treatment naïve patients. When Technivie® is used in combination with ribavirin, again using the SVR at 12 weeks, a 100% response in both treatment experienced and treatment naïve patients is achieved. However, without ribavirin, there is a decrease in cure rate from 100% to 91%. There is a statistically significant improvement in efficacy when used with ribavirin.

Recommendation: The recommendation is for Technivie® to remain preferred on the PDL with clinical conditions.

Clinical Criteria:

- Hep C PA form must be completed and clinical documentation supplied. All requests will be reviewed on a case basis by the DVHA Medical Director. Combination therapy will be either approved or denied in its entirety.
- Member must have Metavir fibrosis score of 3 or 4.
- Prescriber must be a hepatologist, gastroenterologist or infectious disease specialist.
- See PA form for detailed requirements and for documentation required.

Public Comment: No public comment

Board Decision: The Board unanimously approved the above recommendation.

c) Viekira® Pak (ombitasvir, paritaprevir & ritonavir tabs; dasabuvir tabs)

- Viekira® Pak contains the same active ingredients as Technivie® mentioned above with the addition of dasabuvir. Dasabuvir is a non-nucleoside NS5B inhibitor. Viekira® Pak covers genotypes 1a and 1b with high cure rates. As with Technivie®, this is not an agent that can be used in patients with decompensated liver failure. Viekira® Pak can be used in combination with ribavirin.

Recommendation: The recommendation is for Viekira® Pak to remain non-preferred, requiring clinical criteria and to be used in cases when patients are not candidates for the preferred medications.

Clinical Criteria:

- Hep C PA form must be completed and clinical documentation supplied. All requests will be reviewed on a case basis by the DVHA Medical Director. Combination therapy will be either approved or denied in its entirety.
- Member must have Metavir fibrosis score of 3 or 4.
- Prescriber must be a hepatologist, gastroenterologist or infectious disease specialist.
- See PA form for detailed requirements and for documentation required.

Public Comment: No public comment

Board Decision: The Board unanimously approved the above recommendation.

d) Changes to the Hepatitis C Treatment Prior Authorization Request Form:

- There were 5 major themes driving the changes to the form.

- a. Addition of new medications to be included as available regimen options.
 - i. Daklinza (was reviewed at a prior meeting).
 - ii. Technivie: Added as a regimen option for genotype 4.
 - iii. Viekira Pak: Added as a regimen option for genotype 1.
- b. Addition of low dose ribavirin regimens.
 - i. For patients with decompensated cirrhosis.
 - ii. The SIRIUS study showed that the SVR was similar for patients with compensated cirrhosis on a 12 week Harvoni® regimen with ribavirin as compared to a 24 week regimen of Harvoni® without ribavirin.
 - iii. The intent here is that for patients who are not ribavirin intolerant, a 12 week course of Harvoni® with ribavirin would be a more cost effective regimen as compared to a 24 week Harvoni® regimen.
- c. Tighter warnings are now in place specifically for Viekira Pak.
 - i. Viekira Pak is now only indicated for Child-Pugh A.
 - ii. Viekira Pak is no longer appropriate or indicated for use in patients with moderate to severe hepatic impairment (Child-Pugh B and C).
- d. Additional clarification defining if a patient is treatment experienced.
 - i. The definition is broadening to include some of the NS5A inhibitors and various other medications that a patient could have been treated with.
- e. Patients that are co-infected with HIV.
 - i. Important note that these patients are not candidates for an 8 week course of Harvoni®.
 - ii. They are candidates specifically for a 12 weeks course of Harvoni®.

Full New Drug Reviews:

a) Rexulti® Tab (brexpiprazole)

- Brexpiprazole, the active ingredient of Rexulti®, is a serotonin and dopamine modulator. Rexulti® is an atypical antipsychotic. There were three, six week, double blind trials that assessed improvement on the PANSS (positive and negative symptoms scale) with subsequent FDA approval for patients with schizophrenia. Dosing is typically 2mg to 4mg per day for this indication with an FDA maximum recommended dose of 4mg.
- Rexulti® is also indicated as an adjunct in patients with major depressive disorder. Three, six week double blind randomized trials were performed which assessed improvement in the MADRS (Montgomery Aberg depression rating scale). These studies established Rexulti® as another alternative augmentation strategy, joining Abilify® (Aripiprazole) with FDA approval. Dosing for this indication is 2mg to 3mg per day with an FDA maximum recommended dose of 3mg per day.
- A long term open label maintenance trial was recently completed, but this has not led to any changes in the indications. In looking at the efficacy data and transforming it into numbers needed to treat, it is not superior to aripiprazole

and given that aripiprazole is well tolerated and effective in patients with schizophrenia and major depressive disorder, our recommendation is to have Rexulti® be non-preferred.

Recommendation: The recommendation is to add Rexulti® to the PDL as a non-preferred medication.

Clinical Criteria:

- Patient has been started and stabilized on the requested medication (note: samples are not considered adequate justification for stabilization) OR The indication for use is schizophrenia AND The patient has had a documented side effect, allergy or treatment failure with at least three preferred products (typical or atypical antipsychotics) OR The indication for use is Adjunct treatment of Major Depressive Disorder (MDD) and the patient has had a documented inadequate response to at least 3 different antidepressants from 2 different classes (SSRI, SNRI, tricyclic and/or Miscellaneous Antidepressant categories). Trazodone dosed at < 150 mg/day would not be considered a trial for this indication AND the patient has had a documented side effect, allergy or treatment failure with one preferred atypical antipsychotic product being used as adjunctive therapy.

Public Comment: Dr. Laura Bartels, Otsuka: Provided additional clinical information on Rexulti® which can be found in the full package insert.

Board Review: The Board moved to accept the criteria as recommended with the addition that patient must also have failure on Abilify® before approval of Rexulti®. The board unanimously approved the above recommendation with this change.

b) Entresto® Tab (valsartan/sacubitril)

- Entresto® is a combination product containing sacubitril, which is a neprilysin inhibitor, and valsartan, which is an angiotensin II receptor blocker (ARB). The cardiovascular and renal effects of the combination in heart failure patients are attributed to increased levels of peptides that are degraded by neprilysin, such as natriuretic peptides, and the simultaneous inhibition of the effects of angiotensin II by valsartan. This medication is used to decrease the risk of cardiovascular death and hospitalization. It has an indication for heart failure patients with an ejection fraction (EF) of 40% or less and an NYHA classification of II – IV. It should not be used with an ACE inhibitor due to the risk of angioedema. The registrational trial is derived from PARADIGM-HF, which was a well designed trial with a sample size of about 8,400. The trial compared Entresto® to enalapril. The primary endpoint was a composite of cardiovascular death and cardiovascular hospitalization. Results demonstrated a hazard ratio of 0.8, a statistically significant decrease in the primary endpoint. NNT (number needed to treat) = 22, consistent with efficacy on the primary endpoint. This was

a well-designed study showing robust efficacy against an active comparator, and therefore we recommend this medication be added to the PDL as preferred with conditions.

Recommendation: The recommendation is to add Entresto® to the preferred side of the PDL with conditions and quantity limit of 2 tablets per day.

Clinical Criteria:

- Diagnosis of chronic heart failure NYHA Class II – IV AND Age ≥ 18 years of age AND left ventricular ejection fraction ≤ 40% AND No history of angioedema or unacceptable side effects during receipt of ACE inhibitor or ARB AND Not be used concomitantly with aliskiren in patients with diabetes or concurrently with an ACE inhibitor or other ARB AND No severe hepatic impairment (Child-Pugh C).

Public Comment: Thomas Algozzine, Novartis: Spoke about neprilysin and how it breaks down angiotensin II. By blocking this breakdown, the RAS system is enhanced and therefore neprilysin is not beneficial when used alone. Also, he mentioned that 70% of patients studied with this medication were staged as NYHA Class II (healthy heart failure patients). AARP made Entresto® preferred, tier 2 as of 1/1/16. CVS caremark recently made Entresto® non-preferred.

Board Review: The Board unanimously approved the above recommendation.

8. Therapeutic Drug Classes – Periodic Review: Laurie Pedlar, RPH GHS/Change Healthcare and Jacquelyn Hedlund, MD GHS/Change Healthcare

a) Acne

- Erythromycin and Tetracycline are recommended to become non-preferred agents due to increases in cost.
- The different formulations of doxycycline matter in terms of cost. Doxycycline Monohydrate caps in 50mg and 100mg strengths and suspension 25mg per ml will remain preferred. Doxycycline 75mg and 150mg capsules will be non-preferred as well as all tablets.
- Minocycline capsules are more cost effective than tablets. Since there is no difference in efficacy, tablets are recommended to become non-preferred.
- Doxycycline 20mg strength is being removed as it is not indicated for acne and does not belong in this category.
- All Benzoyl Peroxide products which do not offer a CMS federal rebate are recommended to be removed from the PDL.
- Many other agents became non-rebatable or are no longer being made, and are therefore recommended to be taken off the PDL.
- Isotretinoin brands Amnesteem®, Claravis® and Myorisan® remain preferred while Absorica® and Zenatane® are recommended to be non-preferred due to higher cost.

Recommendation:

Clinical Criteria:

- Erythromycin: patient has had a documented side effect, allergy, or treatment failure with at least two preferred products.
- Tetracycline: patient has had a documented side effect, allergy or treatment failure with at least two preferred products.
- Non-preferred doxycycline/minocycline products: patient has had a documented side effect, allergy or treatment failure with preferred doxycycline/minocycline. If product has an AB rated generic, the trial must be the generic formulation.
- Vibramycin Suspension, Syrup: patient has a medical necessity for a liquid dosage form AND a documented failure of preferred doxycycline suspension.
- Absorica/Zenatane: Patient has had a documented side effect, allergy or treatment failure with at least two Isotretinoin preferred products.
- Single ingredient product (topical anti-infectives): Patient has had a documented side effect, allergy or treatment failure with two preferred products including one from the same sub-category, if there is one available. If a product has an AB rated generic, there must have been a trial of the generic.
- Combination products (topical anti-infectives): Patient has had a documented side effect, allergy or treatment failure with generic erythromycin/benzoyl peroxide (if a product has an AB rated generic, there must have been a trial of the generic.) AND the patient has had a documented side effect or treatment failure on combination therapy with the separate generic ingredients of the requested combination product, if applicable.

Public Comment: No public comment

Board Decision: The Board unanimously approved the above recommendations.

b) Antibiotics, GI

Recommendation: No change to this category.

Clinical Criteria: No change to criteria.

Public Comment: No public comment.

Board Decision: None needed.

c) Antibiotics, Misc

Recommendation: Biaxin XL® and Pediazole® are no longer rebatable and will therefore be removed from the PDL. All Erythromycin products will become non-preferred due to increases in cost.

Clinical Criteria: Brand name erythromycin products will no longer have individual clinical criteria. For non-preferred agents, the patient must have had a documented side effect, allergy, or treatment failure to at least two of the preferred medications (If a product has an AB rated generic, one trial must be the generic) OR patient is completing a course of therapy with the requested medication that was initiated in the hospital.

Public Comment: No public comment

Board Decision: The Board unanimously approved the above recommendations.

d) Antibiotics, Cephalosporins

Recommendation: No changes within the first generation cephalosporins. In the second generation cephalosporins, Cefaclor suspension is preferred and Ceftin® is non-preferred. In the third generation class, cefixime suspension is preferred. Cefditoren and Spectracef® are no longer rebateable and will be removed from the PDL.

Clinical Criteria:

- Ceftin Suspension: Patient has had a documented side effect, allergy or treatment failure to both of the following suspensions: cefaclor and cefprozil.
- Cedax susp, ceftibuten susp: patient is completing a course of therapy which was initiated in the hospital OR patient has had a documented side effect or treatment failure to both cefdinir AND cefpodoxime suspensions.

Public Comment: No public comment

Board Decision: The Board unanimously approved the above recommendations.

e) Antibiotics, Fluoroquinolones

Recommendation: Remove Factive®, Noroxin and ProQuin XR® from the PDL and clinical criteria as they are no longer CMS rebateable.

Public Comment: No public comment

Board Decision: The board unanimously approved the above recommendation.

f) Tetracyclines

Recommendation: No change to category.

Public Comment: No public comment.

Board Decision: None needed.

9. New Managed Therapeutic Drug Classes:

- None at this time.

10. Review of Newly-Developed/Revised Clinical Coverage Criteria and/or Preferred Products:

- None at this time.

11. General Announcements:

- Selected FDA Safety Alerts

FDA Drug Safety Communication: FDA revises labels of SGLT2 inhibitors for diabetes to include warnings about too much acid in the blood and serious urinary tract infections
http://www.fda.gov/Drugs/DrugSafety/ucm475463.htm?source=govdelivery&utm_medium=email&utm_source=govdelivery

FDA announces Glades Drugs' nationwide voluntary recall of Compounded Multivitamins containing High Amounts of Vitamin D3 (Cholecalciferol)
<http://www.fda.gov/drugs/drugsafety/ucm474552.htm>

FDA takes action to protect consumers from potentially dangerous dietary supplements
http://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm473099.htm?source=govdelivery&utm_medium=email&utm_source=govdelivery

FDA Drug Safety Communication: FDA advises of rare cases of underactive thyroid in infants given iodine-containing contrast agents for medical imaging
http://www.fda.gov/Drugs/DrugSafety/ucm472782.htm?source=govdelivery&utm_medium=email&utm_source=govdelivery

12. Adjourn: Meeting adjourned at 8:07 p.m.